UNIVERSITY OF MINNESOTA

Route this form to:	U Wide Form
	UM 680
This form is for departmental use.	
	Rev: 07/08

Biweekly Payroll Timesheet

This form is for departmental use. Be sure to include your payroll account number in the shaded box below.

Pay Period Beginning and End Date
to

Last Name

First Name	Employee ID

I hereby certify that the time recorded represents actual hours of employment for the period indicated.

Employee Signature	Job Title
Project Name	Student ☐ Yes ☐ No

	Date	In	Out	In	Out	In	Out	Total
Monday								hrs
Tuesday								hrs
Wednesday								hrs
Thursday								hrs
Friday								hrs
Saturday								hrs
Sunday								hrs

Week 1 Hours _____ hrs

	Date	In	Out	In	Out	In	Out	Total
Monday								hrs
Tuesday								hrs
Wednesday								hrs
Thursday								hrs
Friday								hrs
Saturday								hrs
Sunday								hrs

Week 2 Hours _____ hrs

Total Hours Worked for Pay Period _____ hrs

Supervisor Verification: Repeat Total Hours Worked

1. Hours at Straight Time	2. Hours at Time & ½	3. Hours at Double Time	Hours to Pay Shift Differential

Combination (Combo) Code

OR

Chartfield String (CFS)

Fund	DeptID	Program	Chartfield 1	Chartfield 2

Supervisor Signature	Date